



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re/ Application of Kenneth Iain Cumming and
Zebunnissa Ramtoola
Application No. 09/510,560
Filed February 22, 2000
Confirmation No. 3011

Examiner: Bennett Celsa
Art Unit 1615

SOLID ORAL DOSAGE FORM CONTAINING AN ENHANCER

(Attorney Docket No. P24,375-A USA)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail, postage prepaid, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 5, 2005.


Rita C. Clancy

REPLY UNDER 37 C.F.R. § 1.111
TO THE OFFICE ACTION MAILED MAY 18, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Reply is responsive to the Office Action, mailed May 18, 2005, in the above-identified application. Reconsideration of the application is requested respectfully in view of the following amendments and remarks.

Amendments to the Claims are referenced in the Listing of Claims which begins on page 2 of this Reply. Remarks begin on page 17 of this Reply.

AMENDMENT TRANSMITTAL LETTER (Small Entity)

Applicant(s): Kenneth Iain Cumming and Zebunnissa Ramtools

Docket No.

P24375-A USA

Application No. 09/510,560	Filing Date 02/22/2000	Examiner Bennett Celsa	Customer No. 23307	Group Art Unit 1615	Confirmation No. 3011
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SOLED ORAL DOSAGE FORM CONTAINING AN ENHANCER

AUG 08 2005

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

- Applicant claims small entity status. See 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	74	79 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	13	9 =	4	x \$100.00	\$400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$400.00

- No additional fee is required for amendment.
 Please charge Deposit Account No. _____ in the amount of _____
 A check in the amount of _____ to cover the filing fee is enclosed.
 The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-5425
 Any additional filing fees required under 37 C.F.R. 1.16.
 Any patent application processing fees under 37 CFR 1.17.
 Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Marilou E. Watson
Signature

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Dated: August 5, 2005

I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on August 5, 2005.

(Date)